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CONFIRMATION NO. 5133

<b>SERIAL NUMBER</b> 10/706,103	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 9118M2	
<b>APPLICANTS</b> Douglas Craig Scott, Loveland, OH; Sandra Lynn Eversole, Maineville, OH; Steven Carl Burgess, Sharonville, OH; John Michael Best, Fairfield, OH; Robert Vincent Faller, Loveland, OH;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/429,234 11/26/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/09/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 27752					
<b>TITLE</b> Chewable solid unit dosage forms and methods for delivery of active agents into occlusal surfaces of teeth					
<b>FILING FEE RECEIVED</b> 942	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		